

Work Order ID 107257

\*107257\*

Page 1

September-23-13 11:44:45 AM

**Item ID:** D4088-043

## Accept

\*N900040100\*

## Setup S

Sto

\*NS1\*

\*NS2\*

**Revision ID:**

**Item Name:** Shoulder Harness

**Start Date:** 9/23/13 **Start Qty:** 4.00

\*4\*

**Cust Item ID:**

**Required Date:** 9/23/13      **Req'd Qty:** 4.00

\* / \*

**Customer:**

## Reference:

### Approvals:

### Process Plan: MUD

Date: 13-09-23 Tooling:

Date:

### Run      Start

\*NR1\*

Stop \*NR2\*

NRK2

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions							
				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other							
				<hr/> <hr/> <hr/>							

Work Order ID 107257

September-23-13 11:44:45 AM

\*107257\*

Page 2

Item ID: D4088-043

Accept

\*N900040100\*

Setup

Start

\*NS1\*

Revision ID:

Item Name: Shoulder Harness

Stop

\*NS2\*

Start Date: 9/23/13 Start Qty: 4.00

\*4\*

Cust Item ID:

Required Date: 9/23/13 Req'd Qty: 4.00

\*4\*

Customer:

Reference:

Approvals:	Process Plan:	Date:	Tooling:	Date:	Run	Start	*NR1*
	QC:	Date:	SPC (Y/N):	Date:	Stop		*NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
130 <b>*130*</b> Packaging	Identify as per dwg & Stock Location: <u>ST268A</u>	0.00							
	Memo	0.00							
140 <b>*140*</b> QC	QC21- Final Inspection - Work Order Release	0.00							
	Memo	0.00							

*[Signature]* / 13/10/23

*[Signature]* B/0-22

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

**Picklist Print**

September-23-13 11:44:45 AM

Page 1 / 1

**Work Order ID:** 107257**Parent Item:** D4088-043**Parent Item Name:** Shoulder Harness**Start Date:** 9/23/13**Required Date:** 9/23/13**Start Qty:** 4.00**Required Qty:** 4.00**Comments:** IPP REV:A NEW ISSUE DD 10.04.29 VERIFIED:EC

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
3221-1-021-2396 Shoulder Harness		Purchased	No			110	Each	0.0000	1	4		13/14/21 (4)	

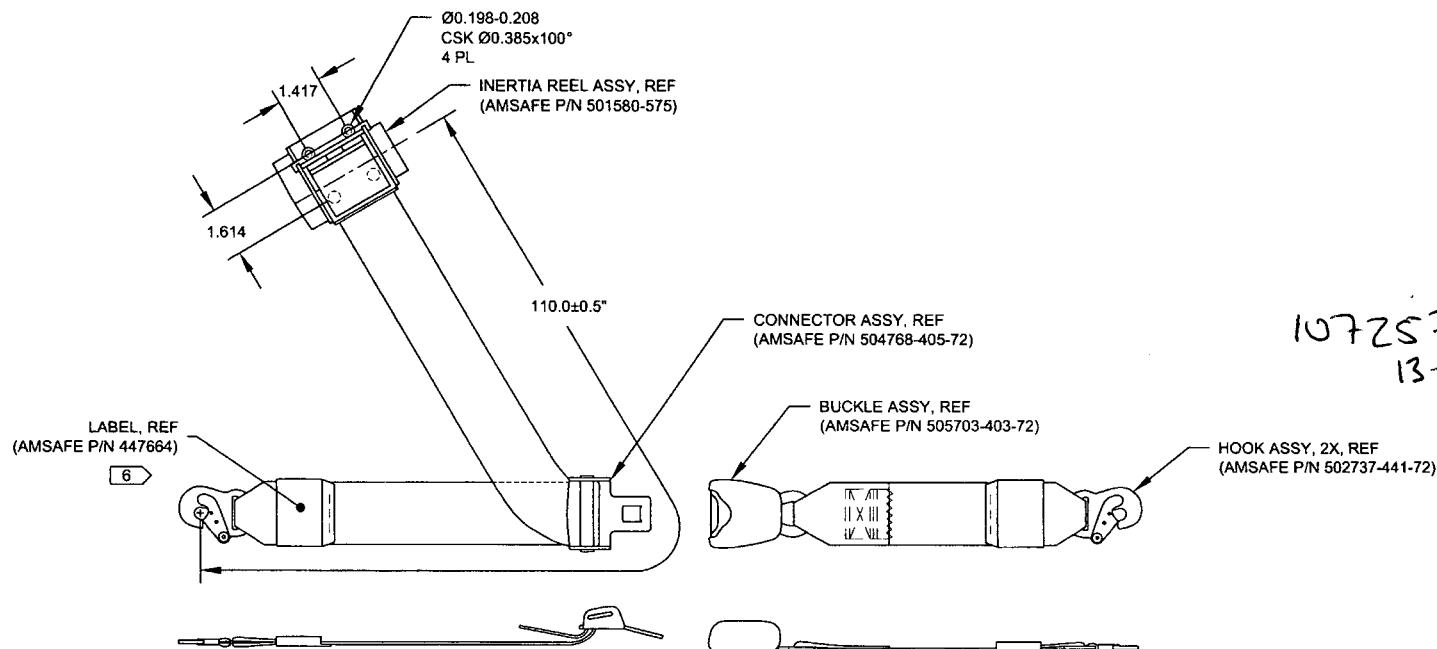
NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION		AGAINST DEPARTMENT/PROCESS								
				Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>						
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector				
Doc/Data														
Equip/Tooling														
Operator														
Material														
Setup														
Other														
Process														
Supplier														
Training														
Unapproved														
FAULT CATEGORY														
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled	
													<input type="checkbox"/> Other	

SPECIFICATION CONTROL DRAWINGD4088-043 SHOULDER HARNESS

RELEASED  
2010-04-27

NOTES:

- 1) PURCHASE: AMSAFE INC. P/N 3221-1-021-2396  
3-POINT SHOULDER HARNESS WITH PUSH-BUTTON BUCKLE  
MEETS REQUIREMENTS OF TSO-C114  
CHROME HARDWARE PLATING AND BLACK WEBBING
- 2) FINISH: N/A
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: N/A
- 6) IDENTIFICATION: LABEL TO CONTAIN THE FOLLOWING AT MINIMUM:  
PART NO. 3221-1-021-2396  
CUST. P/N: D4088-043  
RATED: 3000 LBS DATE OF MFG  
CONFORMS TO TSO-C114
- 7) WEIGHT: 1.5 lbs

DESIGN	91	DART AEROSPACE LTD	
DRAWN	91	HAWKESBURY, ONTARIO, CANADA	
CHECKED		DRAWING NO. D4088	
MFG. APPR.		REV. A SHEET 2 OF 2	
APPROVED		TITLE SHOULDER HARNESS	
DE APPR.		SCALE NTS	
DATE	10.03.16	COPYRIGHT © 2010 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.	



Dart Aerospace Ltd.  
1270 Aberdeen Street  
Hawkesbury, ON K6A 1K7  
Tel: 613 632 9577  
Fax: 613 632 1053

## PURCHASE ORDER

Purchase Order ID **PO21472**

Purchase Order Date 9/24/2013

PO Print Date 9/24/2013

Page Number 2 of 2

From : VU-AMS001  
AMSAFE INC.  
1043 NORTH 47TH AVENUE  
PHOENIX, AZ 85043  
US

Ship To : DART AEROSPACE LTD  
1270 ABERDEEN  
HAWKESBURY, ON K6A 1K7  
CANADA

Contact Name Chantal Lavoie

Vendor Phone 602 850 2850

Buyer

Customer POID

Customer Tax #

Terms

Currency

FOB

Chantal Lavoie

10127-2607

Net 30

USD

FCA - (Free Carrier)

Ship To Contact  
Ship To Phone  
Ship Via: FedEx PI collect  
Ship Acct:

3221-1-021-2396

Shoulder Harness  
10/25/2013  
Yes  
10/18/2013

4.00

Each

\$296.96

\$1,187.84

AS PER DWG D4088 REV. A  
B107257  
AMSAFE P/N: 3221-1-021-2396

Line Total: \$1,187.84

PO Total: \$5,778.12

*W CL*  
Note: Pricing listed above is as per contract agreement between Dart Aerospace and the respective manufacturer.

No substitution or deviation without consent.

Certificate of Conformity or Material Certification required  YES  NO  
PST# 6122-5207

Change Nbr: 1

Change Date: 9/24/2013

# AmSafe

1043 NORTH 47th AVENUE  
PHOENIX, AZ 85043  
PH (602)850-2850 FAX (602)850-2812

## SHIPPER/CERTIFICATION



CUSTOMER NO.  
10006113

SALES ORDER NO.  
S264084

BOI NO.  
000315076

DATE PRINTED  
10/18/13

PAGE NO.  
1

DART AEROSPACE  
1270 ABERDEEN STREET  
HAWKESBURY  
HAWKESBURY, ON K6A 1K7  
Canada

DART AEROSPACE LTD.  
1270 ABERDEEN ST  
HAWKESBURY, ON K6A 1K7  
Canada

CUSTOMER ORDER NO.  
PO21472

TERMS  
NET30

FREIGHT  
COLLECT

SHIP VIA  
FedEx P1 10:30 AM

F.O.B.  
ORIGIN

Sales Order Remarks: 1517-9324-0

Remarks:

Ship to ID: 10006125

SHIPMENT REFERENCE 000315076

LINE	ITEM NUMBER / DESCRIPTION	DRAWING AND CERTIFICATIONS			DUE DATE	QTY ORDERED	QTY SHIPPED	QTY BACK ORDERED
2	Cust. Item No.: D4088-041 3221-1-011-2396 REST SYS ASSY W/IR	DRAWING: 3221 REV: A	CERT: TSO-C114 Lot/Serial Numbers Shipped Quantity S264084-2	2013-10-18 12.0	Expire	12	Ref.	12
3	Cust. Item No.: D4088-043 3221-1-021-2396 REST SYS ASSY W/IR	DRAWING: 3221 REV: A	CERT: TSO-C114 Lot/Serial Numbers Shipped Quantity S264084-3	2013-10-18 4.0	Expire	4	Ref.	4
1	4173-2-031-2396 REST SYS ASSY WO/IR	DRAWING: 4173 REV: F	CERT: TSO-C114 Lot/Serial Numbers Shipped Quantity S264084-1	2013-10-18 4.0	Expire	4	Ref.	4

I certify that the article(s) listed above conform to all applicable design data, and (as applicable):

**FAA PMA, FMVSS 209, FMVSS 302, 14 CFR 25.853**

**FAA TSO C22f, C22g, C114 or TSO Plus**

The conditions and tests required for TSO approval of the article(s) are minimum performance standards. It is the responsibility of those installing the article(s) either on or within a specific type or class of aircraft to determine that the aircraft installation conditions are within the standards applicable to the TSO article including (when applicable) the integrated non-TSO function. The non-TSO function is described as the seat belt airbag system including the inflator cable assembly and electrical components that have not been evaluated for functionality or installation requirements. TSO articles including the integrated non-TSO function must have separate approval for installation in an aircraft. The article(s) may be installed only if performed under 14 CFR part 43 or the applicable airworthiness requirements. TSO articles including the integrated Product shipped meets all material, processing and test requirements. Certifications/Test reports as applicable are retained on file at AmSafe Aviation.

AmSafe Authorized Signature: X

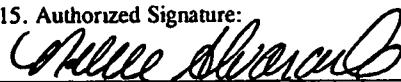
OCT 17 2013

Printed Name:

Dated: \_\_\_/\_\_\_/\_\_\_

COUNTRY OF ORIGIN USA

COPY

1. Approving National Aviation Authority/Country:  FAA/United States	2. AUTHORIZED RELEASE CERTIFICATE FAA Form 8130-3, AIRWORTHINESS APPROVAL TAG				3. Form Tracking Number:  S264084 - 3 NA
4. Organization Name and Address:  AmSafe Aviation 1043 North 47th Avenue Phoenix, Arizona 85043		Cert. No. PT1967NM			5. Work order/Contract/Invoice Number: S264084 - 3 0 PAGES ATTACHED
6. Item:  1	7. Description:  REST SYS ASSY W/IR	8. Part Number:  3221-1-021-2396	9. Eligibility: *  N/A	10. Quantity:  4	11. Serial/Batch Number:  A1013
12. Status/Work:  NEW					
13. Remarks: Drawing: 3221 Rev: A TSO: TSO-C114 					
EXPORT AIRWORTHINESS APPROVAL: THIS ARTICLE MEETS THE SPECIAL REQUIREMENTS OF CANADA					
14. Certifies the items identified above were manufactured in conformity to:  <input checked="" type="checkbox"/> Approved design data and are in a condition for safe operation  <input type="checkbox"/> Non-approved design data specified in Block 13.			19. <input type="checkbox"/> 14 CFR 43.9 Return to Service <input type="checkbox"/> Other regulation specified in Block 13  Certifies that unless otherwise specified in Block 13, the work identified in Block 12 and described in Block 13 was accomplished in accordance with Title 14, Code of Federal Regulations, part 43 and in respect to that work, the items are approved for return to service.		
15. Authorized Signature:  	16. Approval/Authorization No.:  ODA602112NM	20. Authorized Signature	21. Authorized/Certificate No.		
17. Name (typed or printed)  NELLIE ALVARADO	18. Date (m/d/y):  Oct/18/2013	22. Names (typed or printed)	23. Date (m/d/y):		
<b>User/Installer Responsibilities</b>					
<p>It is important to understand that the existence of this document alone does not automatically constitute authority to install the part/component/assembly. Where the user/installer performs work in accordance with the national regulations of an airworthiness authority different than the airworthiness authority of the country specified in Block 1, it is essential that the user/installer ensures that his/her airworthiness authority accepts parts/components/assemblies from the airworthiness authority of the country specified in Block 1.</p> <p>Statements in Blocks 14 and 19 do not constitute installation certification. In all cases, aircraft maintenance records must contain an installation certification issued in accordance with the national regulations by the user/installer before the aircraft may be flown.</p>					